To grow of cooping

Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application of Docket Number 1010.829]	<i>5</i>
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL E	ENTITY	OR		R THANCLAID ENTITY	1 '	FILED
FOR NUMBER FILED NUMBER EXTRA			ER EXTRA	RATE	FEE	,	RATEOR	FEB	e Granini	FRENES		
BASIC FEE (37 CFR 1.16(a))				s	OR;	7 C. L. (1864)	, s,					
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20		•	x \$ =		OR	01/40 0. 1110 JXCS A. 1.115 = 0.		1	
INDI	PENDENT CLAIM CFR 1.16(b))	s	minus 3			x \$ =		i .			İ	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5 =		OR OR	+.s: =	ert, fat de Amer		:	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	·	OR 1	T. CTOTAL - K	-		
						·	L		. I. HOLINE	·		
CLAIMS AS AMENDED - PART II					'*		- :	OTHE	A SMIALIO Males		zkode	
0	121/16	(Column 1)		(Column 2)	(Column 3)	SMALL E	ENTITY	OR.		R THAN ENTITYColumn	1)	
\ A		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIZNAL		RATE	ADDEMAN TIONAL IN	s :-G	
EN		AMENDMENT	1.0	PAID FOR	200		FEE	. :	rite (I FEBEROI	ENT	i
ENDMENT	Total (37 CFR 1.16(c))	34/	Minus	" 34	60	x s=		OR	₹ \$'(37 C(F=.10	cu		
A N	Independent (37 CFR 1.16(b))	· / 4	Minus	" 4	0			OR	i x s <u>ini απ</u>		 	
AMI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=			
						TOTAL ADD'L FE	A	OR :	TOTAL ADD'L FEE		•	
		(Column 1)	•	(Column 2)	(Column 3)	•			,	. (Column	1)	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDEMAIN TIIONALFTE	S ING R ENT	
ME	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$ =	, , , ,	OR :	TX \$ car of rest	(c))		i ivere -
ENDM	Independent (37 CFR 1.16(b))	.*	Minus	***	.=	x \$ =		OR :	ind-gender	1 1		Minus
AM		TION OF MUI TIPI	E DEPENDI	ENT CLAIM (37 CF	ER 1 16(d))			•	+5 3 +4	galalan A Qilis		orionalista.
	TINOTTRESERVA	THORUS MOETING	E DE END	(57 67		TOTAL ADD'L FEE		OR : OR	TOTAL ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)							
O		CLAIMS		HIGHEST	PRESENT	CATE	ADD1	,	CL. DATE	CLAP	G .	
1.		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA	RATE	·ADDI- TIONAL FEE		RATE	ADDHMAIN THONALL LE FEEENDM	₹	-
)ME	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$=		OR	Total			Minus
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	•••	= .	x \$=		OR	Z Independer X \$ 137 CFR⊒ 16	i		Minus
AM	FIRST PRESENTA	TION OF MULTIPL	ENT CLAIM (37 CF	+ \$=		OR	2 5 Fam. 21 Sm.	SPH 'Y - "JN OR M	ji nieri	T . T. EDERSVI		
TOTAL TOTAL ADD'L FEE OR ADD'L FEE												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										hest Utmber Pro	viousiv	Paid For

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The state of the sta This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the cource by N7 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the cource by N7 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commendant including gathering, preparing to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patentain and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR.COMPLETED FORMS TO THIS